

Madover
Pict
- 4508

~~Frenna
Pict 3075~~

~~Milliner
Pict. 1328~~

Louise Murdock
- 3887

Vic Provost
- 1021

ora Simpson
Ethel Turner
both

alma Watkins

Steve Young
- 4078

**NEW COVERAGE
ENROLLMENT FORM**
REPLY REQUESTED



HOW TO ENROLL

1. COMPLETE YOUR NEW COVERAGE ENROLLMENT FORM. YOUR UNINSURED SPOUSE MAY ALSO ENROLL IN THE PLAN AT THIS TIME.
2. SIGN THE FORM IN THE SPACE PROVIDED AND RETURN IT IN THE ENCLOSED REPLY ENVELOPE.


SEND NO MONEY NOW . . .
CONTINUE TO MAKE YOUR CURRENT PAYMENTS UNTIL
YOU RECEIVE A NEW PAYMENT BOOK.



**AARP GROUP HEALTH
INSURANCE PROGRAM**

P.O. BOX 13999
Philadelphia, Pennsylvania

underwritten by:

The **Prudential** 

Dr. Robert R. Green

MEMBER

☐

MEMBER CHECK HERE

Yes, I wish to change my
current coverage to

Feb 28, 1985

PLEASE REPLY BY

10325321-1

ACCOUNT

☐

SPOUSE CHECK HERE

Yes, I wish to change my
current coverage to